

Elizabeth House (Oldham) Limited

Elizabeth House

Inspection report

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Date of inspection visit:
07 November 2022
08 November 2022

Date of publication:
13 December 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Elizabeth House is a residential care home providing personal care for up to 30 people. At the time of our inspection there were 28 people living at the home. The home is an adapted building set in its own grounds, opposite Alexandra Park and about a mile from Oldham town centre.

People's experience of using this service and what we found

People's medicines were not always managed safely. Some people had not received their medicines as prescribed by their doctor. There had been recent concerns about infection prevention and control at the home, with an infestation of mice and poor standard of cleanliness in the kitchen. However, the provider had taken prompt action to rectify the problem and there was ongoing work to improve the standard of decoration within the home.

Staff had completed training in safeguarding and knew how to recognise and report abuse or neglect. The service had a safe recruitment process which ensured only suitable staff were employed. Staff were aware of risks to people's health and wellbeing and knew how to manage them.

Improvements had been made to staff training since our last inspection. Staff were appropriately trained and received supervision and support from the management team. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff respected people's choices and independence. People's health and wellbeing was monitored and staff sought advice from outside health care professionals when needed. People's dietary needs were met.

There had been a change of ownership and management of the service since our last inspection. People, relatives and staff all spoke positively about changes that were taking place at the service. Audits to monitor standards at the home had been carried out regularly. However, medicines audits had not always been completed correctly which meant missed medicines had not been identified or any remedial action taken.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 19 February 2021). There was a breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection the provider remained in breach of regulations, and their rating remained requires improvement.

At our last inspection we recommended the provider improve staff training. At this inspection we found this had been completed. However, we found concerns around the management of medicines.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection and to respond to concerns we had received about infection prevention and control.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We have found evidence the provider needs to make improvements. Please see the safe and well led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

Recommendations and enforcement

We have identified a breach of regulations in relation to safe care and treatment.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Elizabeth House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

This was a focussed inspection to check whether the provider had met the requirements of the Requirement Notice in relation to Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and to follow up on concerns we had received about infection prevention and control at the home.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Elizabeth House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Elizabeth House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager. However, a new manager was in post and they had submitted an application to register. We are currently assessing this application.

Notice of inspection

This inspection was unannounced. Inspection activity started on 7 November 2022 and ended on 14 November 2022. We visited the service on 7 and 8 November 2022.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed feedback we had received from the local authority. We used all this information to plan our inspection.

During the inspection

We spoke with 9 people who used the service and 2 relatives about their experience of the care provided. We spoke with the provider, the manager and 3 care assistants.

We reviewed a range of records. This included 3 people's care records, the medicines records and 2 staff recruitment files. A variety of other records relating to the management of the service were also considered as part of the inspection. These included audits, training and supervision records, health and safety checks and minutes of meetings.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not always managed safely.
- Some people had not received their medicines as prescribed. One person had not received their medicine to treat depression for 6 consecutive days, as they were asleep when they should have been given it. No action had been taken. Another person had not received their medicine to treat high cholesterol for 5 consecutive days. No action had been taken. One person had not received their inhaler for 6 consecutive nights. Other people had not received medicines as prescribed by their doctor. This put them at risk of harm.
- The daily medicines administration record (MAR) audit had not been carried out correctly. It had not identified that people's medicines had been missed.
- Some information had been hand-written onto MARs. However, it had not been signed or countersigned to ensure it was correct, which is best practice.
- Medicines records did not always include guidance to help staff administer 'when required' medicines.

The provider had failed to ensure the proper and safe management of medicines. This was a breach of Regulation 12 (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had been trained in medicines management and had their competency to administer medicines checked.

Preventing and controlling infection

- Correct food handling procedures had not always been followed. Raw meat had been prepared on a chopping board which should only be used for dairy and bakery items. Chopping boards are colour coded to help prevent cross contamination which could cause food poisoning. The manager told us she would speak to the member of staff concerned.
- Before this inspection, an environmental health office had identified serious concerns in relation to the cleanliness of the kitchen and an infestation of mice in the kitchen and other areas in the home. However, the provider had taken prompt remedial action through the engagement of a reputable pest control company and other preventative measures, such as regular deep cleaning of the kitchen. Subsequent to our inspection the kitchen received a 4 star food hygiene rating. This confirmed improvements had been made.
- The laundry room had been declared not fit for purpose in a recent local authority infection control inspection. An overhaul of the laundry room had been scheduled as part of the provider's refurbishment action plan.
- Flooring in the downstairs toilets was in poor condition and dirty. However, it was scheduled to be

replaced.

- Staff wore the appropriate personal protective equipment (PPE).
- Staff had received infection prevention and control training and additional training about how to protect themselves and service users during the COVID-19 pandemic.

Systems and processes to safeguard people from the risk of abuse

- Staff had completed training in safeguarding adults and knew how to recognise signs of abuse and report their concerns.
- The manager reported safeguarding concerns to the local authority and the Care Quality Commission in line with guidance.
- We received positive comments from people and relatives about recent improvements made at the home. One relative told us, "It's really improved. They take her out and I've no qualms whatsoever now about her being here. The manager knows what needs to be done. They are getting there now. I can sleep at night knowing they are taking care of mum."
- There was a friendly, relaxed atmosphere at the home throughout our inspection. People appeared comfortable with staff and management.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People had risk assessments in place. These set out the risks associated with their care, such as from falls, and included information about how to keep them safe.
- All annual servicing of equipment was up to date. Regular safety checks of the building and equipment were carried out.
- There was a procedure in place to ensure that any accidents or incidents were documented, actioned and analysed to help prevent them happening again.

Staffing and recruitment

- Staff were recruited safely as the provider had a robust recruitment process in place. Pre-employment checks, including a Disclosure and Barring Service (DBS) check were completed to ensure people recruited to the service were of good character. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safe recruitment decisions.
- We found one recently recruited employee had a gap in their employment history which had not been explored during their interview. This was followed up during our inspection.
- Staffing levels were appropriate for the current number of residents. During our inspection we saw there were enough staff to respond promptly to people's requests for assistance and to help them with activities.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection we found the provider had failed to ensure staff had completed required training. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was no longer in breach of this regulation.

- New staff completed an induction when they commenced employment.
- All staff completed on-line and face-to-face mandatory training in a range of topics. This helped to improve their skills and kept them up to date with best practice.
- Staff received support in their work through supervision meetings and through team meetings, which had recently been restarted.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The manager completed a full assessment of people's physical and mental health needs either prior to admission or soon after they moved into the service.
- The assessment was used to develop care plans and risk assessments. These were updated when people's needs, and preferences changed.

Supporting people to eat and drink enough to maintain a balanced diet

- People were generally happy with the meals. Comments we received included, "The food is good. We also have a takeaway every Friday which I love" and "The food is alright, it's nothing to write home about, but you get a fair size plate." One relative told us, "Mum eats quite well. They regularly offer drinks too when I'm visiting, and they will go round with biscuits and snacks."
- We observed the lunchtime meal being served. Portion sizes looked adequate and second helpings were offered. The two hot meal choices were similar, but sandwiches, soup and crisps were provided as an alternative. Staff were polite and interactive with people during the meal.
- Staff were knowledgeable about people's dietary needs and preferences. Where required people were offered meals appropriate to their cultural or religious preferences.
- People's weight was monitored, and they were referred for specialist help if they had lost weight.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services for their physical and mental well-being. Staff worked closely with local community health services, such as district nurses to ensure people received the appropriate medical and nursing care.

Adapting service, design, decoration to meet people's needs.

- The provider had started a comprehensive programme of renovation and redecoration at the home in order to improve the environment. There was an action plan in place to improve all areas of the home over the coming months.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff followed MCA principles and encouraged people to make decisions for themselves.
- Staff knew about people's capacity to make decisions. For people assessed as lacking mental capacity, staff documented any decisions made in their best interest.
- People were asked for their consent before care was given and we observed staff knock on doors before entering bedrooms.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent..

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There had been a recent change in the management of the home, both at provider and service level. The provider had developed their own action plan, which included improvements to the fabric of the building and a review of many of the management systems currently in use. Some improvements to the environment had already been made and others were planned for the near future.
- Regular audits and checks had been completed. However, medicines audits had not been completed correctly which meant some people had missed vital medicines. One new employee had not had a gap in their employment history explored. This should have been picked up in the audit of recruitment files.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive culture at the home, which people who used the service, relatives and staff attributed to the new management team. One relative commented, "The manager is really good. They have got their act together a lot more now. It's a lot cleaner than it used to be and they've spent some money on it." Another relative told us, "I definitely think [name] is safe again, but not before. The new management have improved things. [Name] is always clean and tidy now, has clean clothes on and just looks healthier to be honest."
- There was a renewed emphasis on providing activities for people, including trips out. During our inspection we saw staff spent time with people and there was plenty of laughter and banter.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The new manager had restarted team meetings to ensure information about the service was communicated to staff. There had been a recent staff survey which had produced positive comments.
- Information was displayed prominently in the corridors near to the lounges. A suggestion box was available in the dining room for people to post their comments.
- A 'you said/we did' poster displayed in the dining room described recent changes made as a result of people's suggestions. This was also written in Polish, to be inclusive for everyone living at the home.
- Where required, the service communicated and worked in partnership with external agencies, which included health and social care professionals. One person commented, "I needed the doctor and the hospital recently and they sorted it all out quickly."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager understood their responsibility under the duty of candour. This is a set of requirements that providers of services must follow when things go wrong with care or support.
- The manager was aware of their regulatory responsibilities and understood how and when to submit information to the CQC.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure the safe management of medicines.